

CERTIFICATION APPLICATION



State of Indiana
Department of Administration
Indiana Government Center South
Minority Business Development Division
402 W. Washington St., Rm. W474
Indianapolis, IN 46204-2739
www.ai.org/idoa/minority
(Minority / Women Business Enterprise)



City of Indianapolis
Division of Equal Opportunity
148 East Market St., Ste. 505
Indianapolis, IN 46204
(Disadvantaged / Minority / Women Enterprises)



Indiana Regional Minority Supplier Development Council Inc.
1100 W. 42nd Street, Ste. 200
Indianapolis, IN 46208
(Minority Business Enterprise)

MEMORANDUM OF UNDERSTANDING

Between the Indiana Department of Administration, the City of Indianapolis and the Indiana Regional Minority Supplier Development Council Inc.

WHEREAS the Indiana Department of Administration, Minority Business Development Division is authorized to identify and certify minority business enterprises for state projects and to maintain a central certification file; and

WHEREAS the City of Indianapolis is authorized to identify and certify minority business enterprises for City of Indianapolis projects and to maintain a central certification file; and

WHEREAS the Indiana Regional Minority Supplier Development Council Inc. is authorized to identify and certify minority business enterprises for private industry and to maintain a central certification file; and

WHEREAS in order to provide an efficient and reasonable procedure for the certification of minority business enterprises, the parties desire to enter into an understanding concerning the reciprocity procedure by which each shall receive and utilize information submitted by applicants to any one.

NOW THEREFORE the parties agree as follows:

1. Initial certification will require that the following information be sent as requested by any other party for their review and assessment:
 - a. Certification Applications
 - b. Birth Certificate or Ethnic Documentation
 - c. Certification / Denial Letter
 - d. Documentation of Initial Contribution
 - e. Lease Agreement *[1st page and signature page(s)]*
 - f. Onsite Review Report
2. Copies of onsite reviews shall be dispersed to the other parties as requested.
3. Copies of recertification applications shall be provided to the parties upon issuance.
4. Each party may request from the other parties such additional information provided by applicants and as would be otherwise available as a public document.

This Memorandum of Understanding between the State of Indiana, the City of Indianapolis and the Indiana Regional Minority Supplier Development Council Inc. does ***not*** infer that any party is required to accept the decision of any other party to this Memorandum or that any party is authorized to make decisions for any other party hereto. ***Each party retains all rights and responsibilities under their authorizing documents to make independent decisions on applications.*** This Memorandum is executed solely for the purpose of providing for reciprocity of information and application forms utilized by applicants for certification by any party.

Elena Looper,
Deputy Commissioner,
Minority Bus. Development Div.
Indiana Dept. of Administration

Robert Ransom, Director
Division of Equal Opportunity
City of Indianapolis

Donald Jones, Executive Director
Indiana Regional Minority
Supplier Development Council Inc.

APPLICATION FOR CERTIFICATION

INSTRUCTION BOOKLET

This booklet is designed to assist in completing the DBE/MBE/WBE Application for Certification. Please refer to the question number and the number corresponding to it in this booklet. **Questions that do not apply to your firm should be marked N/A in the space provided. All questions must be answered and the requested documents submitted to the department along with the application. Failure to do this will delay the processing of the application. (City of Indianapolis only: Failure to answer all questions and/or submit all documentation will result in your application being returned to you.)**

If you have additional information that is not requested in the application and will help prove that your firm is eligible, please attach it to your application.

Please return the completed application to the appropriate address below:

Indiana Department of
Administration
Minority Business
Development
402 W. Washington St.,
Rm. W474
Indianapolis, Indiana 46204-2739

City of Indianapolis
Division of Equal Opportunity
148 E. Market St., Ste 505
Indianapolis, IN 46204

Indiana Regional Minority Supplier
Development Council Inc.
1100 W. 42nd. Street, Ste. 200
Indianapolis, IN 46208

Statement and Purpose

The Indiana Department of Administration, the City of Indianapolis and the Indianapolis Regional Minority Supplier Development Council Inc. in an effort to encourage businesses owned and controlled by minorities or women, have developed a certification application to determine whether your firm is eligible for the programs and to provide information as to the adequacy of your resources for the work in your designated service or product areas. To qualify as a Disadvantaged Business Enterprise (DBE), Minority Business Enterprise (MBE) or a Women Business Enterprise (WBE), your firm must meet the eligibility standards established by the certifying agency, a copy of which is attached. You are strongly encouraged to familiarize yourself with these regulations before submitting your application. Instructions for completing this application are attached.

We urge you to take advantage of the opportunities offered under this program by filling out the attached application. If you need assistance, or have questions regarding completion of the application, please contact the office listed in the transmittal.

Upon receipt of the completed Application for Certification, the Department will evaluate the information submitted to determine compliance with the criteria. **It is, therefore, imperative that your application and any attached documentation provide evidence of the ownership and control of your firm.** You shall also show that your firm has the resources necessary to perform the work you indicated. Only those firms which have been certified under this process can be considered for participation in both or one of the DBE, MBE and WBE programs.

To ensure a timely review of your application, you must answer all questions and submit all requested documentation. If yours is a recently established firm, and portions of the application do not seem applicable, please place (N/A) on the questions that do not apply. Failure to complete portions of the application and to submit the requested documentation will delay the certification process. *The effort you make in submitting a complete application, the documentation requested and any other documentation that will help prove your firm meets the eligibility standards will decrease the amount of processing time.*

Since it is intended to prevent abuse of the program, the application is in the form of a **SWORN AFFIDAVIT**. The information requested is for Department purposes only and will be kept confidential to the extent allowed by law. Some portions of the certification application and/or documentation may be released under the Freedom of Information Act. **ANY FALSE INFORMATION SUBMITTED BY APPLICANTS WILL BE CONSIDERED AS GROUNDS FOR DENIAL/DECERTIFICATION AND FOR PROSECUTION.**

Right of Refusal

Firms located in states outside of Indiana must be certified by their home state prior to certification consideration. Each state shall have the right to refuse certification of a firm despite the fact that said firm may be certified. Also, the Indiana Department of Administration, the City of Indianapolis and the Indiana Regional Minority Supplier Development Council, Inc. have the right to make independent decisions as they deem necessary.

Instructions For Completing Application For Certification

Question 1

Name of firm (DBA, if appropriate)

Question 2

Main address of firm. This should be the address of the main or corporate offices. P.O. Box numbers alone are not acceptable. Additional offices should be listed on a separate attachment.

Question 3

Person or persons whom the department will contact for answers to questions about the application.

Question 4

Main business telephone number including area code, facsimile and e-mail.

Question 5 (A through E)

- A. Place an "X" in the space in front of the type of firm which is applying for certification.
- B. Provide copies of the original and all amended partnership agreements obtained from the appropriate governmental agency.
- C. Provide copies of all stock certificates issued, including all cancelled certificates.
- D. This is the average number of full-time employees hired during the year.

Question 6 (A through C)

- A. Date **firm** established.
- B. Date when current owners purchased the majority ownership of the firm.
- C. Answer question as indicated.

Question 7

If space is insufficient to identify previous firm names used, attach a separate sheet which includes all business names previously used by any owner, partner or stockholder who has at least 5 percent ownership in the firm applying for certification.

Question 8 (A through C)

- A. After completing the personal information requested on each owner, place an "X" on those lines that apply to the individual. You should attach copies of one of the following documents which will prove your membership in the ethnic group you marked "X".
 - Membership letter or certificate of an ethnic organization
 - Tribal certificate
 - Bureau of Indian Affairs card
 - Birth Certificate
 - Passport
 - Armed Service discharge papers or other appropriate documentation
 - Baptismal Certificate
 - Any other documentation that provides evidence of your ethnicity

For proof of citizenship, submit copies of a Birth Certificate, Voter's Registration Card, Armed Services discharge papers or other appropriate documentation that validates the response.

For proof of legal permanent resident status, submit the document which includes Registration number. This proof is required.

The detailed work resume should include, but not limited to:

The various jobs or positions of each owner in the past and to date, the general description of his/her duties and responsibilities and the dates of employment or ownership. Where applicable, former education should be included.

Attach proof of the initial investment in the firm (*dollars, real estate and equipment*), on behalf of each of the owners.

- B. This section shall be filled in completely and if the officer is not an owner identified in item 8A, a work resume must be included (*see item 8A for what the resume should include*).
- C. This section shall be filled in completely and if the number of directors are more than four, attach a separate sheet of paper with the other names and the requested information (*see item 8A for what the resume should include*).

Question 9 (A through I)

List individuals responsible for the management areas indicated. If more than one, please indicate. Work resumes must be included (*see item 8A for what the resume should include*). Be sure to include work resumes for your field superintendents. Place an "X" in the space in front of the type of firm which is applying for certification.

Question 10 (A & B)

- A. Provide information as requested.
- B. List those persons in your firm who are currently working for any other business which has a relationship with this firm, whether on a full-time or part-time basis as an owner, partner, shareholder, advisor, consultant or employee.

Question 11 (A through E)

- A. Provide information as requested. If more than one individual or company, please indicate. This would include any firm or person who provides any type of management or technical services who is not an employee of this firm. If additional space is needed, attach a separate sheet.
- B. Provide information requested.
- C. Provide information requested.
- D. Provide information requested on those firms which have extended your firm credit or signed letters from them indicating their willingness to extend your firm credit.
- E. Provide information requested.

Question 12

Provide a separate listing of owned equipment and a separate listing of leased equipment. Copies of the state registration cards and titles must be provided for all cars, trucks and other vehicles that require state registration/licensing. Copies of documentation of ownership for all equipment owned must be attached. A copy of the current executed leases for automotive equipment must be attached. A copy of the current leases for office space, storage space, parking space and any other spaces must be attached.

Question 13 (A through D)

- A. Provide information as requested. Provide copy of the signed Corporate Bank Resolution(s) and bank account(s) signature card(s).
- B. Provide a signed statement from your bonding agent that verifies your bonding limits.
- C. Provide information as requested.
- D. Provide information as requested.

Question 14

Submit copies of required information. Be sure to identify the individual's name or firm that the license is issued to. If trucking is an area identified, an interstate or intrastate Authority is required. Provide a copy of the Authority.

Question 15 (A through E)

- A. Provide information requested.
- B. If certified as SBA 8a, attach a copy of the certification.
- C. If firm is certified by other governmental agencies, attach copy of certification(s).
- D. If firm is certified by other governmental agencies, attach copy of certification(s).
- E. Answer questions as indicated.

Question 16

Provide information as requested. You shall provide a copy of all denial and decertification letters received.

Question 17 (A through C)

- A. Provide gross amount earned for each of last three years.
- B. Provide information on the work that your firm has completed in the past three years or for the length of time the firm has been in business.
- C. Provide information on the projects your firm is currently working on.

Question 18

You are required to attach all requested information.

Affidavit

The Affidavit must be signed by the President or Chief Executive Officer of the firm and the Corporate Seal affixed to it. The Affidavit must also be notarized. False statements shall make your firm subject to decertification or denial of future certification.



APPLICATION FOR CERTIFICATION

State Form 46250 (R5 / 10-99)

FOR OFFICIAL USE

Transaction	Contractor	District
Date of certification (month, day, year)		
Sort name		Date of expiration
<input type="checkbox"/> DENIED		Date
<input type="checkbox"/> DECERTIFIED		Date

Indicate which one your firm is capable and willing to seek contracting opportunities with

- ☐ Indiana Department of Administration
☐ City of Indianapolis ☐ IRMSDC
☐ Gaming Commission

Check which type of program you are interested in

- ☐ Minority Business (MBE)
☐ Women Business Enterprise (WBE)
☐ Disadvantaged Business (DBE)
(City of Indianapolis, only)

NOTE: If after filing this application, and prior to the expiration of your certification, there is any change in the ownership and/or management of this firm, you must submit a new Application for Certification to your home state.

1. Authorized name of firm					
2. Street address of firm (P.O.Box number alone is not acceptable)					
Mailing address of firm		City	County	State	ZIP code
3. Name of contact person			4A. Business telephone ()		
4B. Facsimile		4C. E-mail			
5A. Type of firm <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation If firm is a partnership, copies of all partnership agreements and the assumed name certificate must be attached (if applicable). If firm is a corporation, Articles of Incorporation, copies of stock certificates (both sides), Shareholders' Agreement, all minutes of the shareholders' meetings and Board of Directors' meetings, the Corporate Bylaws and Bylaws Amendments, the Corporate Bank Resolution and Bank Signature Cards must be attached.					
B. What is the number of the firm's annual full-time work force?					
6A. Date business was established (month, day, year)		B. Date current owner(s) purchased the majority ownership of the firm (month, day, year)		C. Has your firm applied for reorganization under Chapter 11, and/or liquidation under Chapter 7, within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Has your company applied for certification in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, list the names that have been used previously			
8. OWNERSHIP (work experience resumes of each person must be attached) A. Identify all individuals or holding companies and list their cash, equipment and/or real estate investment in the firm; and attach the documentation of the source of these investments. (If additional space is required, submit an attached sheet)					
Name			Home telephone number ()		
Home address (street and number)		City	State	ZIP code	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic group <input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native American <input type="checkbox"/> Other (explain) <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-Racial		Initial investment to acquire ownership interest in firm:		
Number of years owned			Type	Dollar Value	
Percentage owned %			Dollars	\$	
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal permanent resident (submit proof of status) <input type="checkbox"/> Yes <input type="checkbox"/> No		Real Estate	\$	
			Equipment	\$	
Name			Home telephone number ()		
Home address (street and number)		City	State	ZIP code	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic group <input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native American <input type="checkbox"/> Other (explain) <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-Racial		Initial investment to acquire ownership interest in firm:		
Number of years owned			Type	Dollar Value	
Percentage owned %			Dollars	\$	
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal permanent resident (submit proof of status) <input type="checkbox"/> Yes <input type="checkbox"/> No		Real Estate	\$	
			Equipment	\$	

8A. OWNERSHIP (continued)				
Name		Home telephone number ()		
Home address (street and number)		City	State ZIP code	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic group <input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native American <input type="checkbox"/> Other (explain) <input type="checkbox"/> Caucasian _____ <input type="checkbox"/> Multi-Racial		Initial investment to acquire ownership interest in firm:	
Number of years owned			Type	Dollar Value
Percentage owned %			Dollars	\$
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No			Real Estate	\$
Legal permanent resident (submit proof of status) <input type="checkbox"/> Yes <input type="checkbox"/> No		Equipment	\$	
Name		Home telephone number ()		
Home address (street and number)		City	State ZIP code	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic group <input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native American <input type="checkbox"/> Other (explain) <input type="checkbox"/> Caucasian _____ <input type="checkbox"/> Multi-Racial		Initial investment to acquire ownership interest in firm:	
Number of years owned			Type	Dollar Value
Percentage owned %			Dollars	\$
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No			Real Estate	\$
Legal permanent resident (submit proof of status) <input type="checkbox"/> Yes <input type="checkbox"/> No		Equipment	\$	

B. Identify officers (*work experience resumes of each person must be attached*). If additional space is required, submit an attached sheet.

Name	Title	Ethnicity	Sex	Date Appointed

C. Identify current Board of Directors (*work experience resumes of each person must be attached*). If additional space is required, submit an attached sheet.

Name	Title	Ethnicity	Sex	Date Appointed

9. Indicate management personnel who control the firm in the following areas. (Attach work experience resumes, including dates of employment at each company, for each person). If more than two persons, please attach a separate sheet.

A. Financial Decision: (responsibility for check signing, acquisition of lines of credit, surety bonding, supplies, etc.)

Name	Title	Ethnicity	Sex

B. Estimating: <i>(cost estimates, bid preparation or negotiations)</i>	
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Name	Title	Ethnicity	Sex

C. Hiring/firing of management personnel:

Name	Title	Ethnicity	Sex

D. Field/Production Operations Supervisor: <i>(site supervision/scheduling, project management services)</i>			
Name	Title	Ethnicity	Sex
E. List all field supervisors:			
Name	Title	Ethnicity	Sex
F. Contract signature authority: <i>(contract execution, bid submission)</i>			
Name	Title	Ethnicity	Sex
G. Office management:			
Name	Title	Ethnicity	Sex
H. Marketing/Sales:			
Name	Title	Ethnicity	Sex
I. Purchasing of major equipment:			
Name	Title	Ethnicity	Sex
10A. Do any of the people listed in questions 8 and 9 perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify the person, their title, business and the person's function.			
B. Do any of the persons listed in questions 8 and 9 own or work for other firms which have a business relationship with yours? <i>(Relationships include: ownership interest, shared office space, financial investments, equipment leases or personnel sharing.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify the firm, the person and the business relationship.			
11. Identify persons or firms who provide the following services:			
A. External management or technical/computer service			
Name of firm		Name of person	
Address		Telephone number ()	
B. Accountant			
Name of firm		Name of person	
Address		Telephone number ()	
C. Attorney			
Name of firm		Name of person	
Address		Telephone number ()	

11D. Principal Suppliers:			
Name of firm		Name of person	
Address		Telephone number ()	
Materials or equipment supplied			
Name of firm		Name of person	
Address		Telephone number ()	
Materials or equipment supplied			
E. Identify those union(s), business or professional association(s) in which the owner(s) or management personnel have membership:			
Name of union, business or professional association			
Address		Telephone number ()	
Name of union, business or professional association			
Address		Telephone number ()	
Name of union, business or professional association			
Address		Telephone number ()	
12. Attach a list of construction equipment and/or vehicles in your possession or under your control (<i>indicate separately</i>) and a list of office equipment, office space (<i>owned or leased</i>) and storage space (<i>owned or leased</i>), including signed leasing agreements.			
13. Financial Information:			
A. Provide the following banking information:			
Name of bank		Name of officer	
Address of bank		Telephone number ()	
B. If you have bonding capacity, identify the agent or broker and the bonding limit:			
Name of agent or broker		Bonding limit \$	
Address of agent or broker		Telephone number	
C. Provide copies of year end balance sheet and profit and loss (<i>income</i>) statements for the last three (3) years, or if a new business, provide a current balance sheet, a projected profit and loss statement for the next twelve (12) month period and a projected balance sheet for the end of that period.			
D. Identify all sources, amount and purposes of money loaned to the firm, including name of person securing the loan, if other than owner. Provide copies of all loan agreements.			
Name of Source		Address of Source	Amount
			\$
			\$
			\$
14. Current licenses (<i>e.g. contractor, engineer, architect, ICC, etc.</i>)			
Name of Individual or Firm	Name of License	Date of Expiration	License Number

15. Identification Numbers and Certification:			
A. Federal Identification number	B. Are you an SBA 8a certified business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach a copy of Certification	C. Is this firm currently certified as a DBE, MBE or WBE with its own state? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach a copy of Certification	
D. If you are certified as a DBE, MBE, or WBE by any other federal, state or local agency, please attach a copy of your certifications.		E. Has this firm's home state conducted an on-site visit within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Has this firm or any of its owners, Board of Directors, officers or management personnel been denied or decertified DBE, MBE or WBE certification before by any agency in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate the state, the name of the agency and the date.			
State	Name of agency	Date (month, day, year)	
Provide a copy of the denial or desertification letter(s).			
17A. Specify the gross receipts of the firm for the last three (3) years.			
Year ending:		Total receipts = \$	
Year ending:		Total receipts = \$	
Year ending:		Total receipts = \$	
B. List the three (3) largest contracts completed in the past three (3) years:			
Name of owner/contractor		Name/location of project	
Name of owner/contractor		Name/location of project	
Name of owner/contractor		Name/location of project	
C. List all active jobs this firm is currently working on:			
Name of prime contractor and project number	Location of project	Date project began	Anticipated completion date
Name of prime contractor and project number	Location of project	Date project began	Anticipated completion date
Name of prime contractor and project number	Location of project	Date project began	Anticipated completion date

18. DOCUMENT REQUEST- To be sure you have submitted all requested information, place an "X" on the items you have submitted and completed. ***Any shortage will delay the processing of your application. An on-site visit is mandatory for new firms and first time Region V requests.***

- | | |
|--|--|
| <input type="checkbox"/> A. Provide copies of personal and corporate Federal Income Tax submitted for the last year with W-2, W-3 forms, personal 1099 and 1096 forms.
<input type="checkbox"/> B. Schedules of salaries paid to all officers, managers and directors by this firm.
<input type="checkbox"/> C. Attach copy of proof of payment on behalf of each of the owners for their portion/share of the firm. (e.g. both sides of cancelled checks)
<input type="checkbox"/> D. Signed loan agreements (item 9).
<input type="checkbox"/> E. Original and any amended Partnership Agreements (item 5).
<input type="checkbox"/> F. Official Articles of Incorporation (signed by the state official - item 5).
<input type="checkbox"/> G. Both sides of all Corporate Stock Certificates (item 5).
<input type="checkbox"/> H. Minutes of all stockholders and Board of Directors meetings (item 5).
<input type="checkbox"/> I. Corporate By-laws and any amendments (item 5).
<input type="checkbox"/> J. Corporate bank resolutions and signature cards for all accounts (item 5).
<input type="checkbox"/> K. Work experience resumes that include places of ownership/employment and corresponding dates (items 8A, 8B, 8C and 9).
<input type="checkbox"/> L. Proof of legal permanent resident status and ethnicity. | <input type="checkbox"/> M. Description of real estate and proof of ownership listed.
<input type="checkbox"/> N. List of equipment leased and signed lease agreements.
<input type="checkbox"/> O. List of construction equipment and/or vehicles owned and titles/proof of ownership (items 8A and 12).
<input type="checkbox"/> P. Signed leases for office/storage space.
<input type="checkbox"/> Q. End of Year Balance Sheets and Income Statements for past three (3) years (or life of firm if less than three (3) years). A new business must provide a current Balance Sheet (item 13C).
<input type="checkbox"/> R. Relevant licenses (item 14).
<input type="checkbox"/> S. DBE/MBE/WBE or SBA 8a certifications or denials and desertifications (items 15 and 16).
<input type="checkbox"/> T. Complete all the information requested (item 17).
<input type="checkbox"/> U. Additional proof of ownership and control of this firm (item 19).
<input type="checkbox"/> V. Seal and signature of Notary Public (page 14).
<input type="checkbox"/> W. Individual states may require additional information.
<input type="checkbox"/> Y. I have read the DBE/MBE/WBE Federal Regulations relative to eligibility requirements. |
|--|--|

PERSONS AUTHORIZED TO EXECUTE CONTRACTS

19. All partners must sign contracts unless a power of attorney is supplied modifying this. In the case of a corporation, only those signatures listed will be accepted. The following persons are duly authorized to execute contracts and related documents on behalf of:

Name of company

NAME AND TITLE (<i>type or print</i>)	AUTHORIZED SIGNATURE

20. As a supplier, please address the following:

A. How large of an inventory do you maintain?

B. Where do you maintain your inventory?

C. From whom do you purchase your inventory?

21. List type of work firm has performed or desires to perform.

22. Is your business registered with the State of Indiana?

☐ Yes ☐ No

If yes, please provide number

23. Indicate which district(s) you prefer to work in (*see map*)

24. Type of business

☐ Contractor ☐ Subcontractor ☐ Consultant ☐ Supplier ☐ Vendor ☐ Service Professional

FOR FIRMS WISHING TO DO BUSINESS WITH THE INDIANA DEPARTMENT OF ADMINISTRATION - PROCUREMENT / PUBLIC WORKS

Public Law 34-1983 established as a goal that at least five percent (5%) of **state contracts** be let to *racial minority business enterprises.

*Racial minority business group means Blacks, Hispanics, Native Americans, Asian Pacific and Asian Indian.

25. Have you ever received a bid package from the State of Indiana?

☐ Yes ☐ No

26. Were bids related to the product or services you offer?

☐ Yes ☐ No

27. Have you ever been awarded a bid?

☐ Yes ☐ No

28. Would you be interested in attending our next minority vendor workshop to better familiarize yourself with the bidding process?

☐ Yes ☐ No

FOR FIRMS WISHING TO DO BUSINESS WITH THE CITY OF INDIANAPOLIS

29. Indicate the trade in which your business is engaged.

☐ Construction ☐ Retail ☐ Professional Service ☐ Supplier / Distributor ☐ Manufacturer ☐ Service ☐ Broker

30. Does any principal in your firm, or the spouse of any principal, owe any money to the firm?

☐ Yes ☐ No

FOR FIRMS WISHING TO DO BUSINESS WITH THE INDIANA REGIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL

31. Please provide a brief description of the products or services provided by your company.

AFFIDAVIT OF CERTIFICATION

The undersigned swears or affirms that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of _____
(Name of company)
as well as the ownership thereof. Any misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal or state laws concerning false statements.

Signature of owner, officer or partner

Date signed (month, day, year)

NOTARY CERTIFICATE

STATE OF _____ }
COUNTY OF _____ } SS:

Subscribed and sworn to before me this _____ day of _____, 19 _____.

Signature of Notary Public

Printed or typed name of Notary Public

County of residence

Date commission expires


Under Sec. 23.87 of 49 CFR. Part 23, dated March 31, 1980. If at any time, the department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, it shall refer the matter to the General Counsel of the department. He/she may initiate department procedures in accordance with 41 CFR 1.1604 and 12-1.602 and/or refer the matter to the Department of Justice under 18 U.S.C. 1001, as he/she deems appropriate.

FOR OFFICIAL USE ONLY
Official Approval by Participating Agencies


The Indiana Department of Administration (IDOA) has determined that this ☐ MBE ☐ WBE has successfully met the certification requirements established by IDOA, and is certified as of _____. An on-site review was held on _____.
(Date of certification) (Date of on-site review)

Signature of Deputy Commissioner	Date Signed	

The City of Indianapolis has determined that this ☐ DBE ☐ MBE ☐ WBE has successfully met the certification requirements established by the city and is certified as of _____. An on-site review was held on _____.
(Date of certification) (Date of on-site review)

Signature of Director	Date Signed	

The Indiana Regional Minority Supplier Development Council Inc. has determine that this ☐ MBE has successfully met the certification requirements established by IRMSDC,
 _____ . An on-site review was held on _____.
(Date of certification) (Date of on-site review)

Signature of Executive Director	Date Signed	

- ① Greenfield District
- ② Ft. Wayne District
- ③ LaPorte District
- ④ Crawfordsville District
- ⑤ Vincennes District
- ⑥ Seymour District
- ⑦ Entire State

